

Responses to questions about the care of mother Paris Bean and baby Brenden Fisher on Jan. 30, 2019, at Sarasota Memorial Hospital. Responses provided by email by Sarasota Memorial Hospital spokeswoman Kim Savage, based on information provided to her by the hospital's obstetrical and neonatal team.

What time did the mother and/or baby come in? How far along was the labor at that point?

Mother and infant arrived by ambulance at SMH at 3:21 pm on Jan. 30. Infant's body was in breech position with head entrapped in birth canal and EMS performing chest compressions on the infant.

What time was the baby delivered? And how?

Baby was delivered vaginally in SMH ER by one of our OB Hospitalists at 3:29 pm

What exact condition were the mother and baby in when taken to SHM following the Jan. 30 transfer?

Mother's condition was stable. The baby's condition was critical - he was limp and unresponsive after delivery. He weighed 9 pounds, 9 ounces.

Was the baby ever technically deceased or declared deceased (please be as specific as possible, with times, dates and other relevant details)?

No. He was in cardiac and respiratory failure at birth. His APGAR score at one minute after birth was zero, but it improved with resuscitation efforts. It increased to a 3 within five minutes and remained a 3 at 10 minutes. APGAR is a composite measurement of baby's heart rate, respirations, muscle tone, reflex response and color.

Did the baby have normal brain function? Did that change at all during the patient's care at SMH?

His neurologic assessment was abnormal and consistent with severe hypoxic encephalopathy. After resuscitation by our neonatal intensive care team, he was transferred to the NICU (Neonatal Intensive Care Unit) for stabilization until 6:23 pm, when the transfer team from Johns Hopkins All Children's Hospital arrived.

What exactly went into reviving the baby (what steps, treatment and resuscitation efforts were made)?

EMS performed chest compressions and administered epinephrine during emergency transport and during SMH ER resuscitation. At the hospital, our

emergency, trauma, OB and neonatal intensive care teams worked together to quickly deliver the baby. In addition to chest compressions, he was given manual (bagging) ventilation. The team was able to restore his heart beat, but he was unable to breath on his own. He was intubated and transferred to our Neonatal Intensive Care Unit, where he underwent additional testing and treatment. The team initiated therapeutic hypothermia (using a cooling blanket to lower his body temperature) to reduce the risk of brain damage.

Why (and when and how) was the baby transferred from SMH to All Children's? Is that routine with these types of major complications?

Sarasota Memorial has the highest level NICU in the region — a Level III NICU equipped to care for most life-threatening situations for premature and critically ill newborns. All Children's Hospital's neonatologists work in concert with our team of neonatal nurses, respiratory therapists and pharmacists to care for babies in our NICU. We transfer only those who require higher level follow-up care by All Children's team of pediatric sub-specialists.

Are there any other vital details pertinent to the labor, delivery of resuscitation efforts that we should know for the story?

The SMH OB and Neonatal team were not aware of the patient laboring or efforts to deliver at Rosemary Birthing Center until EMS notified our ER while en route. Our teams were paged STAT to be available at the main ER as the patient arrived eight minutes later.